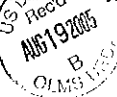


FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

3,
Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>10034</u>	2. Fiscal Year Covered From: <u>7</u> / <u>7</u> / <u>04</u> Through: <u>72</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>LOUIE</u> <u>B</u> <u>JACQUE</u> P.O. Box, Bldg., Room No., if any <u>PO BOX 551107</u> Street <u>1221 OTTAWA DR, T.P. 2.P. 96150</u> City <u>TAHOE PARADISE</u> State <u>CA</u> ZIP Code + 4 <u>96155</u>	4. Name, file number, and address of labor organization. Name <u>MEBA D-1</u> Labor Organization File Number <u>066581</u> P.O. Box, Building and Room Number, if any <u>SUITE 800</u> Street <u>444 N. CAPITOL ST, N.W.</u> City <u>WASHINGTON</u> State <u>DC</u> ZIP Code + 4 <u>20001</u>
5. Position in labor organization. <u>EXECUTIVE VICE PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Louie B. Jacquet

On

8/10/05
Date

415 706 - 1919
Telephone Number

Name of Person Filing

LOUIE B. JACQUE

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name SOUTHWEST MARINE PENSION & WELFARE TRUST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3545 LONG BEACH BLVD SUITE 220City LONG BEACHState CA

ZIP Code + 4

90807

9. Business deals with:

☒ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SOUTHWEST MARINE PENSION & WELFARE TRUST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3545 LONG BEACH BLVD SUITE 220City LONG BEACHState CA

ZIP Code + 4

90807

11.a. Nature of such dealing.

SOUTHWEST TRUST ARE JOINTLY TRUSTEED MULTI EMPLOYER BENEFIT PLANS THAT PROVIDE BENEFITS TO PARTICIPANTS REPRESENTED BY THE MEBA.

11.b. Approximate dollar value of such dealing.

\$1,482.56

12.a. Nature of interest held or income received.

THE AMOUNT IDENTIFIED IN BOX 11B IS FOR REIMBURSEMENT OF TRAVEL RELATED EXPENSES INCURRED IN ATTENDING S.W. TRUST BENEFIT PLANS TRUSTEE MEETINGS, FOR WHICH I WAS AND AM A TRUSTEE AND WAS AND AM REQUIRED TO ATTEND AS WELL AS FOR ATTENDING TRUSTEE EDUCATIONAL MEETINGS SPONSORED BY THE EMPLOYEE FOUNDATION BENEFIT PLANS.

12.b. Amount. SEE 12A + 11B ABOVE

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Angelina Ramos

From: Victor [victor@mapinc.com]
Sent: Tuesday, August 09, 2005 10:58 AM
To: Angelina Ramos
Subject: Re: URGENT

Angelina,

The reimbursements for Bud for year 2004 are as follows.

January	\$ -
February	\$ -
March	\$ -
April	\$ -
May	\$ 156.97
June	\$ -
July	\$ 694.19
August	\$ 631.40
September	\$ -
October	\$ -
November	\$ -
December	\$ -
Total	\$ 1,482.56

If you need any additional information please let me know.

Victor

This electronic message transmission, including any attachments, contains information from Benefit Programs Administration that may be confidential or privileged. The information is intended to be for the use of the individual or entity named above. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents of this information is prohibited. If you have received this electronic transmission in error, please notify the sender immediately by a "reply to sender only" message and destroy all electronic and hard copies of the communication, including attachments.

----- Original Message -----

From: Angelina Ramos
To: 'Victor'
Sent: Tuesday, August 09, 2005 10:32 AM
Subject: URGENT

Victor,

Bud is asking for the exact dollar amount the SW Trust reimbursed for in 2004. He attended two meetings and attended a class in Tahoe in June of 2004.

Your immediate assistance is greatly appreciated.

Thank you,

Angelina Ramos
 (415) 421-9620

8/9/2005